

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10777805

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 15            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 15 minus 20 = | 35                       |
| INDEPENDENT CLAIMS               | 15 minus 3 =  | 12                       |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       | MINUS                              | =             |
| Total  | *                                | Minus | --                                 | =             |
| Independent                                    | *                                | Minus | ---                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

SMALL ENTITY TYPE  OTHER THAN OR SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | Fee    | RATE         | Fee    |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9=     | 315    | OR XS18=     |        |
| X43=      | 516    | OR X86=      |        |
| +145=     | 6      | OR -290=     |        |
| TOTAL     | 1216   | OR TOTAL     |        |

OTHER THAN SMALL ENTITY OR SMALL ENTITY

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| XS 9=            |                | OR XS18=            |                |
| X43=             |                | OR X86=             |                |
| +145=            |                | OR +290=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       | MINUS                              | =             |
| Total  | *                                | Minus | --                                 | =             |
| Independent                                    | *                                | Minus | ---                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

1 19 20 28 29 30 31 32  
35 48 50 52 53 54 55

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| XS 9=            |                | OR XS18=            |                |
| X43=             |                | OR X86=             |                |
| +145=            |                | OR +290=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       | MINUS                              | =             |
| Total  | *                                | Minus | --                                 | =             |
| Independent                                    | *                                | Minus | ---                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| XS 9=            |                | OR XS18=            |                |
| X43=             |                | OR X86=             |                |
| +145=            |                | OR +290=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

• The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.